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## **Application Number** Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) \* May be used for additional claims or amendments **CLAIMS AS FILED AFTER FIRST** AFTER SECOND **AMENDMENT AMENDMENT** Indep Depend Indep Depend Depend Indep Indep Depend Indep Depend Indep Depend : : 4.0 ٠.٠ Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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